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Sandra A. Urban (Depositor's name)
 Sandra A. Urban (Signature)
 July 19, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/787,714	03/21/2001	Valerie Descamps	05-083	5839

TITLE OF INVENTION: ENDOFUCANASES AND METHOD USING SAME FOR PREPARING FUCO-OLIGOSACCHARIDES FROM FUCANES, BACTERIUM PRODUCING ENDOFUCANASES AND USES OF FUCO-OLIGOSACCHARIDES FOR PLANT PROTECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1,400 700	\$0	\$1,400 700	07/20/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
MCINTOSH III, TRAVISS C	1623	514-054000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 McDonnell Boehnen
 2 Hulbert & Berghoff LLP
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Laboratoires GOEMAR S.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Saint-Malo Cedex, France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13 2490 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Steven J. Sarussi

Date

July 19, 2005

Registration No.

32,784

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